

## General

### Title

Dental plan members' experiences: percentage of adult dental plan members who indicated how often they had a good experience with dental plan costs and services.

### Source(s)

CAHPS Dental Plan Survey. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2009 Feb 10. 9 p.

Items in the reporting composites and overall ratings for the CAHPS Dental Plan survey. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2009 Feb. 2 p.

## Measure Domain

### Primary Measure Domain

Patient Experience

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of adult dental plan patients who indicated how often ("Never," "Sometimes," "Usually," or "Always") or whether or not ("Definitely Yes," "Somewhat Yes," "Somewhat No," or "Definitely No") they had a good experience with dental plan costs and services. This measure summarizes answers to survey questions that asked people:

- How often did their dental plan cover all of the services they thought were covered?
- How often did the 800 number, written materials or website provide the information they wanted?
- How often did their dental plan's customer service give you the information or help you needed?

How often did their dental plan's customer service staff treat you with courtesy and respect?  
Did their dental plan cover what you and your family needed to get done?  
Did this information (from their dental plan) help them find a dentist they were happy with?

The "Dental Plan Costs and Services" composite measure is based on six questions in the CAHPS Dental Plan Survey.

Note: A composite score is calculated in which a higher score indicates better quality. Composite scores are intended for consumer-level reporting. Additionally, frequency distributions are available for plans or providers to use for quality improvement purposes.

## Rationale

Patient satisfaction is a common subject in the dental literature, and this partly seems to result from the unique nature of dental care. Patients tend to suffer from a fair amount of anxiety related to dental care - most notably with respect to the pain and discomfort associated (at least subjectively) with many dental procedures. One survey in Kentucky found that 40% of the population reported dental fear, with 17% reporting high dental fear. In that same study, 52% of the population were of the opinion that "pain" was the main reason that people were afraid of the dentist.

The literature also shows that the level of distress, anxiety, or fear appear to influence patients' evaluations of dentists' behaviors and patients' satisfaction with care. Level of anxiety has even been shown to influence the kind of communication style preferred by the patient.

Pain itself is an important dimension of the dental patient experience, and it has been shown to influence care-seeking and compliance with treatment, increase feelings of helplessness, and predict patterns of health service utilization; patients' descriptions of pain can influence clinical judgments and treatment decisions (e.g., how much pain relief is offered to the patient). Patients view pain as a "discrete assessable component" of dental treatment.

Communication has been shown to be a significant influence on patient satisfaction. Several studies emphasize the importance of dentist-patient interaction during the dental encounter - especially in terms of what has been labeled "communicative involvement" in one study. Communicatively involved dentists appear attentive, perceptive, and responsive to patients' comments and needs; they establish rapport, discuss treatment plans and options, and help elaborate and confirm the patient's understanding of their treatment encounter. This kind of open, interactive communication has been shown to improve the patient's overall satisfaction with their dental provider.

In addition, it has been generally shown that a dentist's "chairside manner" significantly influences dental care outcomes such as patients' satisfaction, anxiety, and willingness to return for further treatment. Patients who receive incomplete, general, or impersonal information regarding their condition of treatment tend to perceive their dentist as hostile. This desire for information reflects the desire patients have to play a collaborative role in decision-making regarding their dental care, although many perceive that they play a passive role in treatment decisions. In some cases, however, some patients (e.g., those who suffer from particularly high anxiety) do show a preference for interaction marked by "communicative dominance" on the practitioner's part, which refers to the extent to which the dentist controls the nature and topics of the encounter.

Another dimension is satisfaction with the results of dental treatment. This dimension is to some extent concentrated in the specialty area of prosthodontics - the sub-field that deals with the restoration and replacement of teeth (e.g., fitting of dentures, implants, and bridges) - although these satisfaction concerns do span other areas of dentistry. This dimension includes basic (improvement in) comfort experienced by the patient as a result of dental work, the functionality of prosthodontic dental work (e.g., in eating or chewing, or phonetics), as well as the overall appearance, or aesthetics, of prosthodontics.

## Primary Clinical Component

Adult dental care; patients' satisfaction with dental plan costs and services

## Denominator Description

Dental plan patients age 18 years and older who answered the "Dental Plan Costs and Services" questions on the CAHPS Dental Plan Survey

## Numerator Description

The number of "Never," "Sometimes," "Usually," or "Always" responses and "Definitely Yes," "Somewhat Yes," "Somewhat No," or "Definitely No" responses on the "Dental Plan Costs and Services" questions

From the responses, a composite score is calculated in which a higher score indicates better quality.

## Evidence Supporting the Measure

### Evidence Supporting the Criterion of Quality

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Focus groups

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## Evidence Supporting Need for the Measure

### Need for the Measure

Unspecified

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

Accreditation

Decision-making by businesses about health-plan purchasing

Decision-making by consumers about health plan/provider choice

External oversight/State government program

External oversight/Veterans Health Administration

Internal quality improvement

Quality of care research

## Application of Measure in its Current Use

### Care Setting

Physician Group Practices/Clinics

### Professionals Responsible for Health Care

Measure is not provider specific

### Lowest Level of Health Care Delivery Addressed

Individual Clinicians

### Target Population Age

Age greater than or equal to 18 years

### Target Population Gender

Either male or female

### Stratification by Vulnerable Populations

Unspecified

## Characteristics of the Primary Clinical Component

### Incidence/Prevalence

Unspecified

### Association with Vulnerable Populations

Unspecified

### Burden of Illness

Unspecified

### Utilization

Unspecified

## Costs

Unspecified

# Institute of Medicine (IOM) Healthcare Quality Report Categories

## IOM Care Need

Getting Better

Staying Healthy

## IOM Domain

Patient-centeredness

# Data Collection for the Measure

## Case Finding

Users of care only

## Description of Case Finding

Dental plan members age 18 years and older

## Denominator Sampling Frame

Enrollees or beneficiaries

## Denominator Inclusions/Exclusions

### Inclusions

Dental plan patients age 18 years and older who answered the "Dental Plan Costs and Services" questions on the CAHPS Dental Plan Survey

### Exclusions

Unspecified

## Relationship of Denominator to Numerator

All cases in the denominator are equally eligible to appear in the numerator

## Denominator (Index) Event

Encounter

Patient Characteristic

## Denominator Time Window

Time window is a single point in time

## Numerator Inclusions/Exclusions

Inclusions

The number of "Never," "Sometimes," "Usually," or "Always" responses and "Definitely Yes," "Somewhat Yes," "Somewhat No," or "Definitely No" responses on the "Dental Plan Costs and Services" questions

From the responses, a composite score is calculated in which a higher score indicates better quality.

Exclusions

Unspecified

## Measure Results Under Control of Health Care Professionals, Organizations and/or Policymakers

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## Numerator Time Window

Fixed time period

## Data Source

Patient survey

## Level of Determination of Quality

Not Individual Case

## Pre-existing Instrument Used

CAHPS Dental Plan Survey

## Computation of the Measure

## Scoring

Non-weighted Score/Composite/Scale

## Interpretation of Score

Better quality is associated with a higher score

## Allowance for Patient Factors

Case-mix adjustment

## Description of Allowance for Patient Factors

To fairly compare your dental plan's results to those of other dental plans, we adjusted the results for differences in respondent characteristics across dental plans. These are characteristics that could change the way a patient responds to the survey regardless of their care experience; in this case: patients' age, education, and self-reported health. For example, individuals in better health and older individuals have tended to rate their care and the setting in which they receive their care higher than individuals who are younger and in poorer health. The adjusted results are those we would expect for each dental plan, if they had similar patients. For this report, the results were case-mix adjusted by respondents' age, education, and overall health status following standard CAHPS methods that have been subject to rigorous development and testing.

## Standard of Comparison

External comparison at a point in time

External comparison of time trends

Internal time comparison

## Evaluation of Measure Properties

### Extent of Measure Testing

The design and testing of this tool were informed by the Consumer Assessment of Healthcare Providers and Systems (CAHPS) initiative. CAHPS is a public-private initiative begun in 1994 and continuing through 2012 to develop a standard set of surveys of health care quality as experienced and reported by patients. Widespread adoption of these surveys by providers and/or systems is facilitated by the quality of the methods used to develop, test and disseminate them. These methods include rigorous scientific peer review of results, the involvement of key stakeholders in the design and testing of the surveys, and the distribution of surveys and supporting material free of charge at the Agency for Healthcare Research and Quality (AHRQ) Web site.

### Evidence for Reliability/Validity Testing

Keller S, Col Martin GC, Evensen CT, Capt Mitton RH. The development and testing of a survey instrument for benchmarking dental plan performance: using insured patients' experiences as a gauge of dental care quality. J Am Dent Assoc. 2009 Feb;140(2):229-37. [PubMed](#)

## Identifying Information

## Original Title

Dental plan costs and services.

## Measure Collection Name

CAHPS Dental Plan Survey

## Composite Measure Name

Dental Plan Costs and Services

## Submitter

Agency for Healthcare Research and Quality - Federal Government Agency [U.S.]

## Developer

Agency for Healthcare Research and Quality - Federal Government Agency [U.S.]

CAHPS Consortium - Health Care Quality Collaboration

## Funding Source(s)

TRICARE Management Authority

## Composition of the Group that Developed the Measure

Unspecified

## Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

## Adaptation

Measure was not adapted from another source.

## Release Date

2009 Feb

## Measure Status

This is the current release of the measure.

## Source(s)

---



CAHPS Dental Plan Survey. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2009 Feb 10. 9 p.

Items in the reporting composites and overall ratings for the CAHPS Dental Plan survey. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2009 Feb. 2 p.

## Measure Availability

The individual measure, "Dental Plan Costs and Services," is published in the "CAHPS Dental Plan Survey," available for download at the [CAHPS Web site](#) .

## NQMC Status

This NQMC summary was completed by ECRI Institute on February 11, 2010. The information was verified by the measure developer on April 8, 2010.

## Copyright Statement

No copyright restrictions apply.

## Disclaimer

### NQMC Disclaimer

The National Quality Measures Clearinghouse<sup>®</sup> (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the [NQMC Inclusion Criteria](#).

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. Moreover, the views and opinions of developers or authors of measures represented on this site do not necessarily state or reflect those of NQMC, AHRQ, or its contractor, ECRI Institute, and inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.